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**\*BIBDATASHEET\***

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Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/673,897 | <b>FILING OR 371(c)<br/>DATE</b><br>09/29/2003<br><b>RULE</b> | <b>CLASS</b><br>549 | <b>GROUP ART UNIT</b><br>1625 | <b>ATTORNEY<br/>DOCKET NO.</b><br>FSUB 10479.2 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/289,103 11/06/2002 PAT 6,683,196  
 which is a CON of 10/194,343 07/12/2002 PAT 6,653,490  
 which is a CON of 09/517,791 03/02/2000 PAT 6,479,678  
 which is a CON of 08/941,640 09/30/1997 PAT 6,069,260  
 which is a DIV of 08/483,309 06/07/1995 PAT 5,723,634  
 which is a CON of 08/314,532 09/28/1994 PAT 5,466,834  
 which is a CIP of 07/949,107 09/22/1992 ABN  
 which is a CIP of 07/863,849 04/06/1992 ABN  
 which is a CIP of 07/862,955 04/03/1992 ABN  
 which is a CIP of 07/763,805 09/23/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 01/03/2004**

|  |                                   |                                |                              |                                    |
|--|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>FL | <b>SHEETS<br/>DRAWING</b><br>0 | <b>TOTAL<br/>CLAIMS</b><br>8 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                |                              |                                    |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                                   |                                |                              |                                    |

**ADDRESS**

000321

**TITLE**

METAL ALKOXIDE TAXANE DERIVATIVES

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1050 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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